**Alexandria City Public Schools**

**2022-2023 Tuition Assistance Grant Application**

Submit this application to Sherry Thomas, Teaching, Learning, and Leadership - 4th Floor, sherry.thomas@acps.k12.va.us

**Applicants: Read the following very carefully!**

* Incomplete applications will be returned to the applicant.
* This application MUST be received in the Teaching, Learning, and Leadership office two weeks (14 business days) before starting the course(s) for which assistance is sought. Applications received after this time will not be approved.
* Assistance is limited to the support of six (6) credit hours within a fiscal year (i.e., July 1-June 30).
* Assistance is limited to the five ACPS priorities below.

1. Math: content and instruction 3. Reading: content and instruction

2. Dual certification in EL or special education 4. Honors/Gifted Education

 certification holding more than one endorsement 5. Educational Leadership

**You may either complete this form by typing in the information or print it out and handwrite it.**

Full-time

Part-time

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Employee I.D. Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Current Teaching License (choose one) Professional Provisional Conditional

Yes\_\_\_ No\_\_\_

Are you currently part of the Educational Leadership Cohort at George Mason?

Current Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Teaching Assignment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The objective from my PLP, which this coursework will support:

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Course Number | Course Title | Course Start – End DatesMM/DD/YY | Type of Credit(choose one) | Credit Hours | Institution | Tuition\* |
|  |  |  |  Undergraduate Graduate |  |  |  |
|  |  |  |  Undergraduate Graduate |  |  |  |

\*Tuition ONLY – Do not include registration fees, special course fees, book or materials costs, travel costs, etc.

**Principal/Supervisor’s Certification:** I certify that the course(s) listed above align with one of the five ACPS priorities above and support the applicant’s Professional Learning Plan.

Principal/Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

**Office Use Only**

Course(s) Approved $ \_\_\_\_\_\_\_ Course(s) Denied Reason for Denial \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Manager’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

rev. 04/18